

REGISTRATION SERVICE QUESTIONNAIRE SURVEY OF 12/7/2001

The following questionnaire survey is being used to assist the department in determining the registration services workloads and special processing needs necessary to assign them to a department office(s). It is also being used to determine the number of transaction agreement forms you will need. While every effort will be made to accommodate registration service preferences, each registration service and/or branch location will be assigned to a specific department office(s). Should the assigned department office(s) become over-saturated, work will be redirected to other sites.

COMPANY NAME			OCCUPATIONAL LICENSE NUMBER	
BUSINESS ADDRESS	STREET	CITY	ZIP CODE	
MAILING ADDRESS	STREET	CITY	ZIP CODE	
CONTACT PERSON			PHONE NUMBER ()	

A. Please provide the following information regarding the department office(s) where you currently do business:

OFFICE NAMES	TOTAL ITEMS SUBMITTED MONTHLY ON A LISTING SHEET	+	TOTAL ITEMS SUBMITTED MONTHLY OVER-THE-COUNTER	=	TOTAL ITEMS SUBMITTED MONTHLY
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

C. Of the total items listed above, please indicate total items submitted monthly for a dealer or dismantler. _____

B. Please indicate any special processing needs you may have (e.g., lien sales, permanent fleet registration, delete from prorate, etc.) _____

D. Please provide the name(s) of other offices which would be convenient if your special needs could be met.

OFFICE NAMES
1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE DO NOT CONTACT YOUR LOCAL FIELD OFFICE REGARDING THIS SURVEY